



1620-N SERVICE CLOSURE STANDARD

REVISION DATES: 01/01/16, 05/01/12, 01/01/11, 01/01/10, 10/01/07, 09/01/05, 02/01/05, 10/01/04

REVIEW DATE: 03/01/13

INITIAL
EFFECTIVE DATE: 02/14/1996

1. Closure of a member's service(s) may occur for several different reasons. The following is a list of the most common reasons. This list is not meant to be all-inclusive:
 - a. The member is no longer Arizona Long Term Care System (ALTCS)-eligible, as determined by AHCCCS/Division of Member Services/Field Operations Administration (DMS/FOA)
 - b. The member dies
 - c. The case manager and/or physician determine that a service is no longer necessary
 - d. The member or representative requests discontinuance of the service(s) or refuses services.
 - e. The member moves out of the Contractor service area
 - f. The member leaves the Contractor service area temporarily and the Contractor is unable to continue services
 - g. For Elderly and/or have Physical Disabilities (E/PD) members in Maricopa County only – the member's Contractor has been changed due to member request, and/or
 - h. Contact has been lost with the member.
2. Case managers are required to provide community referral information on available services and resources to meet the needs of members who are no longer eligible for ALTCS.
3. If the member has been determined ineligible for ALTCS, the member or member representative will be informed of this action and the reason(s), in writing, by DMS/FOA. This notification will provide information about the member's rights regarding that decision.



4. If a service is closed because the ALTCS Contractor has determined that it is no longer medically necessary, the member must be given a NOA regarding the plan to discontinue the service that contains information about his/her rights with regards to that decision.

A NOA is not required if the member/representative agrees with the closure of a service on the service plan (Exhibit 1620-13).

Refer to Arizona Administrative Code 9 A.A.C. 34 for specific information and timeframes about written member notices. The AHCCCS Contractor Operations Manual (ACOM) policy 414 provides additional guidelines on and examples of Notices of Action.

5. When the member's enrollment will be changed to another Contractor, the case manager must coordinate a transfer between the Contractors. Refer to Standard XIII, Contractor Change, in this Chapter, as well as to [Chapter 500](#) of this manual for more detailed information.
6. The case manager is responsible for notification of and coordination with service providers to assure a thorough discharge planning process.
7. If a member is disenrolled from ALTCS, but remains eligible for AHCCCS acute care benefits, the case manager must direct the member to the AHCCCS website for information regarding available acute care health plans and encourage the member to convey their choice of health plans to the AHCCCS Communication Center at 1-800-962-6690.
8. Case notes must be updated to reflect service closure activity, including, but not limited to:
 - a. Reason for the closure
 - b. Member's status at the time of the closure, and
 - c. Referrals to community resources if the member is no longer ALTCS eligible.
9. The case manager must update placement history (CA161) and service plan information in the case file and Clients Assessment Tracking System (CATS), as applicable. When a service is closed, the end date and service units must be adjusted accordingly.
10. A member who is disenrolling from ALTCS will generally remain enrolled through at least the end of the month in which the eligibility is terminated. If the



member voluntarily withdraws and wants ALTCS benefits to stop immediately, the disenrollment will be effective with the processing of the withdrawal by DMS/FOA.

11. **The member continues to be the responsibility of the Contractor until the disenrollment is processed by ALTCS and appears on the Contractor's roster.** Members are eligible to receive medically necessary services through their disenrollment date.
12. When the reason for termination is the member's death, the case manager must end date the service authorization(s) with the actual date of death.